

SECTION 8 DENTURES

Dentures must be dispensed to the recipient before the provider bills Medicaid; the date of service for dentures is the date of placement. Holding dentures until Medicaid payment is received constitutes payment for services not provided and is in violation of State Regulation 13 CSR 70-3.030(2)(A)12. Providers may not request or accept a deposit from a Medicaid recipient and then refund it after payment is received from Medicaid. Accepting a deposit or a portion of the fee or charge is in violation of State Regulation 13 CSR 70-3.030(3)(A)9. *This does not apply to the denture coinsurance requirement.* Medicaid reimbursement for dentures includes routine visits necessary in the steps required for the denture, full or partial. This includes impressions, try-ins and adjustments for six months from the date of placement.

Dentures, full or partial, are not covered for those adult patients with a limited benefit package.

Prior authorization is not required for full (D5110-D5140), partial (D5211-D5214) or interim (D5820-D5821) dentures. Prior authorization is required for overdentures (D5860 & D5861), however, coverage is restricted to recipients under the age of 21.

Immediate and interim dentures are restricted to once in a lifetime.

Replacement dentures are covered in cases when dentures no longer fit properly due to:

- significant weight loss as a result of illness;
- loss of bone or tissue due to some form of neoplasm and/or surgical procedure;
- normal wear and/or deterioration resulting from use over an extended period of time.

NOTE: Replacement dentures do not require prior authorization. PA requests submitted to Infocrossing will not be approved. Dentists must use their professional judgment in determining if the recipient's denture meets the above replacement criteria. The reason for replacing the denture must be properly documented in the recipient's record.

Denture adjustments are covered, but not for the originating dentist of a new denture until six months from the date of placement. It is the responsibility of the dentist who placed the denture to assure correct fit within this period.

Rebases and Relines

One reline or rebase is allowed *during* the 12 months following placement of *immediate* dentures. The second reline or rebase is allowed 12 months following the first reline. Additional denture relining or rebasing is limited to 36 months from the date of the preceding reline or rebase.

The initial reline or rebase of a partial or replacement denture is not covered until 12 months after the placement of the denture. Additional relining or rebasing is limited to 36 months from the date of the last preceding reline or rebase.

Denture reline or rebase, where necessary, may be accomplished on the same date of service as repair of a broken denture.

Rebasing of any denture, full or partial, must include a new impression of the old denture, check bite, and full-process procedure.

Laboratory reline of any denture, full or partial, must include a new impression of the old denture, check bite, and full-process procedure.

Tissue conditioning, D5820 and D5821, is not covered for the same date of service as a reline and/or rebase.